

9719

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 FILL OUT ALL BLANKS.
 AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. <u>13</u>	
County	<u>Cochise</u>		County Registered No. <u>16</u>	
District	<u>Tombstone</u>		Local Registrar's No. <u>213</u>	
Town	<u>Tombstone</u>			
Or City	<u>Tombstone</u>			
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Mrs Annie Godfrey</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>Aug</u> <u>8th</u> 191 <u>5</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Sept</u> , <u>1</u> , 1849 (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Jan 5th</u> 191 <u>5</u> to <u>Jan 8th</u> 191 <u>5</u> ; that I last saw her alive on <u>Jan 7th</u> 191 <u>5</u> , and that death occurred on the date stated above at <u>5:30 A.M.</u> The DISEASE or INJURY causing death was as follows: <u>Chronic Interstitial Nephritis.</u>	
AGE <u>66</u> yrs <u>4</u> mos <u>9</u> days If less than 1 day _____ hrs. or _____ min.			(Duration) <u>12</u> yrs _____ mos _____ days	
OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____			Was disease contracted in Arizona? <u>no</u> If not, where <u>Colorado</u>	
BIRTHPLACE (State or country) <u>England</u>			CONTRIBUTORY <u>Quarantine</u> (Duration) <u>2</u> yrs <u>3</u> mos <u>2</u> days	
PARENTS	NAME OF FATHER <u>John Goegory</u>		(Signed) <u>W. M. Randolph</u>	
	BIRTHPLACE OF FATHER (State or country) <u>England</u>		<u>1.8.</u> 191 <u>5</u> (Address) <u>Tombstone</u>	
	MAIDEN NAME OF MOTHER <u>Unknown</u>		*In deaths from VIOLENT CASES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	BIRTHPLACE OF MOTHER (State or country) <u>England</u>		LENGTH OF RESIDENCE	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>Alfred Godfrey</u>			At place of death <u>7</u> yrs _____ mos _____ ds. In Arizona _____ yrs _____ mos _____ ds.	
(Address) <u>Tombstone, Ariz.</u>			Former or Usual Residence	
PLACE OF BURIAL OR REMOVAL <u>Tombstone, Ariz.</u>		DATE OF BURIAL OR REMOVAL <u>Jan. 19,</u> 191 <u>6</u>	Filed <u>1-8</u> 191 <u>6</u> <u>Thompson Nugent</u> Local Registrar	
UNDERTAKER <u>E. C. Porter</u>		ADDRESS <u>Tombstone, Ariz.</u>	Filed <u>2-7</u> 191 <u>6</u> <u>C. S. Hunt</u> County Registrar	